

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2117AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2010
NAME OF PROVIDER OR SUPPLIER EMERITUS AT THE SEASONS			STREET ADDRESS, CITY, STATE, ZIP CODE 5165 SUMMIT RIDGE CT RENO, NV 89523		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/19/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is currently licensed for a total of 120 Residential Facility for Group beds: 90 beds for elderly and disabled persons and 30 beds which provide care to persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was 75. Fifteen resident files were reviewed and Ten employee files were reviewed. Two discharged resident files were reviewed.</p> <p>The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000			
Y 070 SS=D	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This STANDARD is not met as evidenced by:</p>	Y 070			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 Based on record review on 1/19/10, the facility failed to ensure that 2 of 10 caregivers received eight hours of annual training (Employee #4, and #7).	Y 070			
Y 223 SS=E	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on observations and interview on 1/19/10, the facility failed to keep 3 of 6 laundry rooms clean and prevent the collection of lint behind the dryers . Severity: 2 Scope: 2	Y 223			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service	Y 255			

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Y 255	<p>Continued From page 2</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must:</p> <p>(a) Comply with the standards prescribed in chapter 446 of NAC.</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Based on observation on 01/19/10, the facility failed to ensure the kitchen met the requirements of chapter 446 of NAC.</p> <p>Findings include the following violations that relate primarily to cleaning and sanitation issues:</p> <p>Sanitizer buckets used to store wiping clothes did not have the proper sanitizer concentration.</p> <p>The storage containers for the sugar/flour/oatmeal were heavily soiled and damaged.</p> <p>The can opener was heavily soiled.</p> <p>The gaskets to the walk-in refrigerator were damaged.</p> <p>The gaskets of all reach-in refrigerators located in</p>	Y 255			

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Y 255	Continued From page 3 the kitchen and dining service were soiled with food debris. The stove hood sealant/caulking was damaged. The sealant/caulking for the food preparation sink was soiled with food debris. The microwave located in the back of the kitchen was heavily soiled. Floors under and behind kitchen equipment were heavily soiled with food debris. Wall behind stove/cooks line was soiled with grease. Multiple walls with attached FRP throughout the kitchen were damaged especially on corners and junctures with the ceiling. A mop was found improperly stored next to the food preparation sink. The outside area surrounding the garbage containers/receptacles was littered with misc. debris. The following equipment is household and not commercial grade: 1 refrigerator and 1 microwave located in the memory care unit. This was a repeat deficiency from the 1/8/09 State Licensure survey. Severity: 2 Scope: 3	Y 255			
Y 393 SS=F	449.226(4)(a)-(c) Safety Requirements NAC 449.226	Y 393			

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Y 434	Continued From page 5 Based on record review on 1/19/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 6 of 12 months (June through November, of 2009). This was a repeat deficiency from the 1/8/09 State Licensure survey. Severity: 2 Scope: 2	Y 434			
Y 444 SS=F	Blank This Regulation is not met as evidenced by: Based on record review on 1/19/10, the facility did not ensure all smoke detectors were tested monthly. In June, July, August, September, October and November of 2009, the facility failed to check 90% of the total number of smoke detectors. This was a repeat deficiency from the 1/8/09 State licensure survey. Severity: 2 Scope: 3	Y 444			
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and	Y 450			

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Y 450	Continued From page 6 adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review on 1/19/10, the facility did not ensure that 2 of 10 caregivers received first aid training within thirty days of employment (Employee #3 and #9). This was a repeat deficiency from the 1/8/09 State Licensure survey. Severity: 2 Scope: 1	Y 450			
Y 698 SS=E	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 1/19/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 3 of 7 resident rooms in which oxygen was being used (Bedroom #216, #302 and #306). Severity: 2 Scope: 2	Y 698			

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Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/19/10, the facility failed to ensure that 1 of 15 residents received an annual physical (Resident #5).</p> <p>Severity: 2 Scope: 1</p>	Y 859			
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p>	Y 878			

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Y 878	Continued From page 8 This Regulation is not met as evidenced by: Based on record review and interview on 1/19/10, the facility failed to ensure 1 of 15 residents (Resident #8), received medications as ordered. There was a bottle of Haloperidol 0.5mg available to be given to the resident without a physician's order. There also was a physician's order to give Lorazepam, 0.5cc (a fluid measurement) every hour as needed. The medication available was Lorazepam, 0.5mg tablets every hour as needed. The facility failed to contact the physician for clarification of the medication orders. This was a repeat deficiency from the 1/9/09 State Licensure survey. Severity: 2 Scope: 1	Y 878			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936			

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Y 936	Continued From page 9 This Regulation is not met as evidenced by: Based on record review on 1/19/10, the facility failed to ensure 2 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 and #8) which affected all residents. This was a repeat deficiency from the 1/8/09 State Licensure survey. Severity: 2 Scope: 3	Y 936			
Y1001 SS=D	449.2758(1) Training Req-Elderly Disabled NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Based on record review on 1/19/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled	Y1001			

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Y1001	Continued From page 10 residents was received within 60 days of hire by 3 of 10 employees (Employee #1, #7 and #8). Severity: 2 Scope: 1	Y1001			
Y1036 SS=D	449.2768(1)(a)(2) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease. This Regulation is not met as evidenced by: Based on record review on 1/19/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 2 of 10 employees (Employee #1 and #8). Severity: 2 Scope: 1	Y1036			

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